## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, APR SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	APF	PRO	VAL

OMB Number: 3235-0076 Expires: May 31, 2002

Estimated average burden hours per response: ...... 16.00

ONLY
Serial
CEIVED

	66.
Name of Offering ( check if this is an amendment and name has changed, and indicate changed check if this is an amendment and name has changed, and indicate changed check if the check if this is an amendment and name has changed, and indicate changed check if the check if this is an amendment and name has changed, and indicate changed check if the check if this is an amendment and name has changed, and indicate changed check if this is an amendment and name has changed, and indicate changed check if this is an amendment and name has changed, and indicate changed check if this is an amendment and name has changed, and indicate changed check if this is an amendment and name has changed check if the check if this is an amendment and name has changed check if the ch	ge.)
Capital Guardian Global Equity Fund for Tax-Exempt Trusts (2555)	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Se	ection 4(6) ULOF
The Critical Filter Filter Filter Filter	
Type of Filing: New Filing 🗷 Amendment	<del></del>
A. BASIC IDENTIFICATION D.	
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.	03056124
Capital Guardian Global Equity Fund for Tax-Exempt Trusts	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
333 South Hope Street, 55th Floor, Los Angeles, CA 90071-1447	(213) 486-9200
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Investments in global equity securities for tax-exempt trusts	11/12 2 2
	1143202
	nnoceccen
Type of Business Organization	- FKOCESSE
☐ corporation ☐ limited partnership, already formed ☑ other (please	e specify):
□ business trust □ limited partnership, to be formed □ Common Trus	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 3 9 4	☐ Actual 图 Estimated FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviati	
State: CN for Canada; FN for other foreign jurisd	

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

<b>'</b>		A. BASIC IDE	NTIFICATION DAT	$\Gamma \mathbf{A}$						
2. Enter the information re	quested for the following	lowing:								
<ul> <li>Each promoter of the</li> </ul>	• Each promoter of the issuer, if the issuer has been organized within the past five years;									
<ul> <li>Each beneficial owner issuer;</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and										
Each general and managing partner of partnership issuers.										
Check Box(es) that Apply: Partner	<b>X</b> Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)			· <u> </u>						
Capital Guardian Trust Co		0: 0: 0: 0: 1	·	<del></del>						
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)	l							
333 S. Hope Street, 55th Floor										
Check Box(es) that Apply: Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	)							
Check Box(es) that Apply: Partner	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	)							
Check Box(es) that Apply: Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ess (Number and S	treet, City, State, Zip Code	)							
Check Box(es) that Apply: Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)		· · · · · · · · · · · · · · · · · · ·							
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	)							
Check Box(es) that Apply: Partner	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing					
Full Name (Last name first,	if individual)		·							
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual)									
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	)							

	ı				В.	INFOR	MATIO	N ABOU	T OFFE	RING	***************************************			
														Yes No
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							🗆 🗷						
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.									\$ N/A					
* Th				liscretion,		-	-							Yes
	No			,										
3.	Does the	e offering p	permit join	t ownershi	p of a sing	le unit?							***************************************	🗆 🗷
4.														
	similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or													
	dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information													
	for that	broker or c	lealer only	•										N/A
Full	Name (I	ast name	first, if ind	ividual)										
Busi	ness or R	Lesidence A	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)							
Nam	e of Ass	ociated Bro	oker or De	aler										·
State	s in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers							
	(Check	"All States	" or check	individual	States)									☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (L	ast name f	irst, if indi	vidual)										
Busi	ness or R	Residence A	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)							
Nam	e of Ass	ociated Bro	oker or De	aler	*, ****									
State	s in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers							
	(Check	"All States	" or check	individual	States)					,,				☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (I	Last name	first, if ind	ividual)										
				· ·										
Busi	ness or P	Residence A	Address (N	Number and	d Street, C	ity, State, 2	Zip Code)							
Nan	e of Ass	ociated Bro	oker or De	aler										
State	s in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers							
	(Check	"All States	" or check	individual	States)									☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] (SC)	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] (VT)	[NC] [VA]	[ND] [WA]	[OH]	[OK]	[OR] [WY]	[PA] [PR]	

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		nt Already Sold
	Debt	\$ 0	<u>\$</u>	0
	Equity	\$ 800,000,000	\$ 350,2	242,811.24
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$ 0	<u>\$</u>	0
	Partnership Interests	\$ 0	<u> </u>	0
	Other (Specify)	\$ 0	<u>\$</u>	0
	Total	\$ 800,000,000	\$ 350,2	242,811.24
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Λα	gragata
		Number Investors	Dolla	gregate r Amount urchases
	Accredited Investors	11	<u>\$ 350,</u>	242,811.24
	Non-accredited Investors	0	<u>\$</u>	0
	Total (for filings under Rule 504 only)	0	<u>\$</u>	0
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
		Type of Security		r Amount Sold
	Type of offering		<u>\$</u>	0
	Rule 505		\$	0
	Regulation A		\$	0
	Rule 504		\$	0
	Total		\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		□ <u>\$</u>	0
	Printing and Engraving Costs		□ <u>\$</u>	0
	Legal Fees		□ <u>\$</u>	0
	Accounting Fees		□ <u>\$</u>	
	Engineering Fees		□ <b>\$</b>	0
	Sales Commissions (specify finders' fees separately)		□ <u>\$</u>	0
	Other Expenses (identify) Blue Sky filing fees,		□ <u>\$</u>	
	Total		□ <b>\$</b>	0

C. OFFERING PRICE, NUMBER OF INVI	STORS, EXPENSES AN	D USE	OF PROC	EEDS	
Enter the difference between the aggregate offering price given in resp and total expenses furnished in response to Part C - Question 4.a. This gross proceeds to the issuer."	difference is the "adjusted			\$ 80	0,000,000
Indicate below the amount of the adjusted gross proceeds to the issuer for each of the purposes shown. If the amount for any purpose is not and check the box to the left of the estimate. The total of the payr adjusted gross proceeds to the issuer set forth in response to Part C - Qu	known, furnish an estimate nents listed must equal the				
		O1 Dire	ments to ficers, ectors, & filiates		ents To hers
Salaries and fees		□ <u>\$</u>	0	□\$	00
Purchase of real estate		□ <u>\$</u>	0	□ <b>\$</b>	0
Purchase, rental or leasing and installation of machinery and equipm	ent	□ <u>\$</u>	0	□ \$	0
Construction or leasing of plant buildings and facilities		□ <u>\$</u>	0	□ \$	0
Acquisition of other businesses (including the value of securities in may be used in exchange for the assets or securities of another issue		□ <u>\$</u>	0	□ \$	0
Repayment of indebtedness		□ <b>\$</b>	0	□ \$	0
Working capital		□ <u>\$</u>	0	□\$	0
Other (specify): Investments, miscellaneous fund expenses			^	E • • • •	
Investments in global equity securities for tax-exempt trusts		□ <u>\$</u>	0	<b>≥</b> \$ <u>800.0</u>	900,000
		□ <u>\$</u>	0	□ \$	00
Column Totals		□ <u>\$</u>	0	□ \$ <u>800,</u> 0	000,000
Total Payments Listed (columns totals added)			<b>≅</b> \$ 800	,000,000	_
D. FEDERA	AL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly onstitutes an undertaking by the issuer to furnish to the U.S. Securities and urnished by the issuer to any non-accredited investor pursuant to paragraph	Exchange Commission, upon w				
ssuer (Print or Type)	iture )		Date		
Capital Guardian Global Equity Fund for Tax-Exempt Trusts	an Kly	mran	April 25, 2	003	
Title	of Signer (Print or Type)	( )	J		
	President, Capital Guardian I			tee of Capital	Guardian
Naomi H. Kobayashi C	lobal Equity Fund for Tax-Ex	empt Tr	usts		

# ATTENTION